



State of Connecticut  
Department of Public Health

Phone: 860-509-7994

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Hospitalized and Fatal Cases of Influenza – Case Report Form

Patient Information

Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Gender: ☐ Female ☐ Male ☐ Other: \_\_\_\_\_ If female, pregnant? ☐ Yes ☐ No ☐ Unk. Due date: \_\_\_\_\_

Race: ☐ White ☐ Black/African Amer. ☐ Asian ☐ Native Amer./Alaska Native

☐ Nat. Hawaiian/Other Pacific Is. ☐ Other: \_\_\_\_\_

Ethnicity: Hispanic/Latino ☐ Yes ☐ No ☐ Unk.

Is the patient a Health Care Worker? ☐ Yes ☐ No ☐ Unknown work location: \_\_\_\_\_

Is the patient a resident of a Longer Term Care Facility? ☐ Yes ☐ No ☐ Unknown name/location: \_\_\_\_\_

Is the patient a College or University student? ☐ Yes ☐ No ☐ Unknown name location: \_\_\_\_\_

Is the patient a Primary or Secondary School student? ☐ Yes ☐ No ☐ Unknown name location: \_\_\_\_\_

Is the patient enrolled in a Day Care Center? ☐ Yes ☐ No ☐ Unknown name/location: \_\_\_\_\_

Did patient recently return from international travel? ☐ Yes ☐ No ☐ Unknown location: \_\_\_\_\_

Additional Information

Medical record number: \_\_\_\_\_

Was case hospitalized? ☐ Yes ☐ No ☐ Unk.

Was case in an ICU/PICU? ☐ Yes ☐ No ☐ Unk.

Hospital name: \_\_\_\_\_

Date of admission: \_\_\_\_\_

Date of discharge: \_\_\_\_\_

Physician name: \_\_\_\_\_

Physician phone: \_\_\_\_\_

Antiviral use (check all that apply)

☐ Oseltamivir (Tamiflu) ☐ Zanamivir (Relenza)

☐ Rimantadine ☐ Amantadine

Date treatment initiated: \_\_\_\_\_

Did case die? ☐ Yes ☐ No ☐ Unknown

Date of death: \_\_\_\_\_

Cause of death: \_\_\_\_\_

Microbiologic Testing

Check result for each test.

| Test Method | Collection Date | Pos. | Neg. |
|-------------|-----------------|------|------|
|-------------|-----------------|------|------|

|                                     |       |                          |                          |
|-------------------------------------|-------|--------------------------|--------------------------|
| <input type="checkbox"/> Rapid Test | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|-------|--------------------------|--------------------------|

|                                  |       |                          |                          |
|----------------------------------|-------|--------------------------|--------------------------|
| <input type="checkbox"/> IFA/DFA | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------------------|-------|--------------------------|--------------------------|

|                                 |       |                          |                          |
|---------------------------------|-------|--------------------------|--------------------------|
| <input type="checkbox"/> RT PCR | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
|---------------------------------|-------|--------------------------|--------------------------|

|  |       |                          |                          |
|--|-------|--------------------------|--------------------------|
| <input type="checkbox"/> Viral Culture | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------|--------------------------|--------------------------|

|                                       |  |                          |                          |
|---------------------------------------|--|--------------------------|--------------------------|
| <input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> | <input type="checkbox"/> |
|---------------------------------------|--|--------------------------|--------------------------|

Collection date: \_\_\_\_\_

Influenza type/subtype:

☐ Type A (H1N1) 2009

☐ Type A (H3N2) Seasonal

☐ Type A Unspecified

☐ Type B Seasonal

☐ Type Unkonwn

☐ Other flu type: \_\_\_\_\_

☐ Other respiratory viruses: \_\_\_\_\_

Person completing form: \_\_\_\_\_

Phone number: \_\_\_\_\_